

PSJ3

Exhibit 49

To: Tartaglia, Robert[Robert.Tartaglia@pharma.com]; Wheeler, Doug[Doug.Wheeler@pharma.com]; Gasdia, Russell[Russell.Gasdia@pharma.com]; Cramer, Phil[Phil.Cramer@pharma.com]
Cc: Heins, James[James.Heins@pharma.com]
From: Novak-Tibbitt, Rebecca
Sent: Tue 10/7/2003 3:42:28 PM
Subject: FW: Any thoughts
APS SIG Sept 03 paper1.pdf
APS SIG Unequal burden of pain release.DOC

Rob -

As a follow-up, I wanted to clarify that this information is for your information only, and is not for distribution. Sorry that I did not make that clear on my earlier email.

Doug, Phil and Russ - I wanted to keep you in the loop as well.

Rebecca

-----Original Message-----

From: Novak-Tibbitt, Rebecca
Sent: Tuesday, October 07, 2003 4:18 PM
To: Tartaglia, Robert; Jackson, Catherine; Maria Farrah (E-mail); Connie Kastelnik (E-mail)
Cc: Heins, James; Bennett, Pamela
Subject: RE: Any thoughts

Hi Rob -

Yes.

More recently, a study was published in the September issue of Pain Medicine that looked at disparities in care, particularly among African-American and Hispanic patients. I've attached the study, a press release from the University of Michigan, and an editorial that USA Today ran on Friday (we helped to place this). I've also copied Connie Kastelnick and Maria Farrah from our PR agency in Boston.

Connie and Maria - how can this study be leveraged in the Boston media? Rob, as you're aware, we cannot conduct outreach to the media that is OxyContin-specific. However, we can work to raise awareness in a non-branded format.

Catherine, do you have any thoughts on addressing this issue in Boston from an advocacy standpoint?

Rebecca

October 3, 2003

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Racism holds painful legacy

The Census Bureau recently released data that show poverty is rising and income levels are dropping. With high unemployment and flagging consumer confidence, what else do we expect? I'm not surprised to learn that while the overall poverty rate is 12.1%, poverty among African-Americans is 24.1%. Nor am I shocked that the median income for white households is \$46,900, but only \$29,026 -- almost 40% less -- for

black households.

But my eyebrows rose at the news that race data transcend income and poverty. According to a new medical study led by University of Michigan pain-management specialist Carmen Green, racial and ethnic disparities also exist among those suffering all types of pain.

Green found that African-Americans and Hispanics are more likely to experience pain and less likely to receive relief for it, even when under a doctor's care. For example, Hispanics with broken arm or leg bones were twice as likely as non-Hispanic whites to go without pain medication during emergency-room visits. Black cancer patients in nursing homes were 64% more likely not to get pain medication than whites. The study controlled for such factors as income, language proficiency and insurance. Yet African-Americans and Hispanics still shouldered greater pain burdens than their white counterparts.

These findings vividly underscore civil rights activist Fannie Lou Hamer's statement that she was "sick and tired of being sick and tired." Too many people of color simply have factored a certain level of pain into their everyday existence. Obviously, the medical establishment can do better -- but patients experiencing pain have a responsibility to be more candid with their doctors. "Don't assume that pain has to be a part of your life," Green said.

Her study's findings are reason enough to reject California's Proposition 54, the so-called Racial Privacy Initiative that would prevent the government from collecting racial or ethnic data. Absent this data, physicians could continue to operate in the racial fog that results in differential treatment.

Race still matters -- in income, jobs and even in the way people get relief from pain. Green's study is both a wake-up call and a reason to reject Proposition 54 and other so-called color-blind legislation.

Julianne Malveaux is a syndicated columnist.

-----Original Message-----

From: Tartaglia, Robert
Sent: Tuesday, October 07, 2003 3:30 PM
To: Novak-Tibbitt, Rebecca
Subject: Any thoughts

Rebecca,

Have you seen the recent "The Best of Pain CommunityNews" Summer edition that came out? On page 5 is highlighted information regarding racially based disparities in pain care.

Do you have any ideas on how this might be leveraged to raise awareness of the negative effect that the restriction of OxyContin to be prescribed for a specific patient population may have. I am referring specifically to Boston Medical Center that has a racially diverse patient population. They made a decision to not allow any OxyContin to be filled for their free-care patients or to be filled at either of their two on campus out patient pharmacies. This decision was made in August of 2001. At the time they cited patient and employee safety was the factor.

Of course, I feel that limiting availability and denying access to the number one prescribed CR opioid to this patient population is precisely an example of what the information in the newsletter is pointing out.

Any thoughts from you or Katherine Jackson (could you forward this to her, as I do not have her e-mail)?

Thanks,

Rob Tartaglia
DM Boston